

**STATE OF SOUTH CAROLINA**

**(Caption of Case)**

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

**RECEIVED**

SEP 16 2010

PSC SC  
CLERK'S OFFICE

**BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA**

**TRANSPORTATION COVER SHEET**

**DOCKET  
NUMBER:** 2010 - 321 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

**Submitted by:** BranCo Adult DayCare Center, LLC

**Telephone:** 803-435-9780

**Address:** 238 Commerce St.

**Fax:** 803-435-9740

Manning, S.C. 29102

**Other:** \_\_\_\_\_

**Email:** brancoaw@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

**NATURE OF ACTION (Check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input checked="" type="checkbox"/> Application - Class C Non-Emergency   | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: _____                                  |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

JB's

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER**

**CLASS C - NON-EMERGENCY**

Date: 9/14/10

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

BranCo Adult DayCare Center, LLC

238 Commerce St.

Street Address of Applicant

Manning, S.C. 29102

Mailing Address of Applicant if different from street address

803-435-9780

Phone

803-435-9740

Fax

brancoaw@yahoo.com

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☒ Corporation - List names and addresses of two principal officers.

LLC

Roderick Witherspoon-1215 Sportsman Dr. Manning, S.C. 29102

Angela Witherspoon-1215 Sportsman Dr. Manning, S.C. 29102

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

## BALANCE SHEET

Balance at Time Application is Filed:

Month September Year 2010

### Assets:

Cash	12,500
Receivables	
Real Estate	42,500
Buildings and Equipment (Net)	585,000
Motor Vehicles (Net)	105,000
Garage Equipment (Net)	
Machinery and Tools (Net)	38,950
Supplies on Hand	3,480
Prepays and Other Assets	
<b>Total Assets</b>	<b>\$787,430</b>
<b><u>Liabilities and Equity:</u></b>	
Accounts Payable	2,530
Notes Payable	
Mortgages Payable	372,700
Equipment Obligations	
Accrued Salaries and Wages	3,200
Other Accrued Obligations	
Other Liabilities	15,200
<b>Total Liabilities</b>	<b>\$393,630</b>
Capital Stock	
Retained Earnings	
<b>Total Equity</b>	
<b>Total Liabilities and Equity</b>	<b>\$393,630</b>

**PROPOSED RATES AND CHARGES FOR SERVICE****Maximum Proposed Rates and Charges for Service are as follows:**

<b>Miles</b>	<b>Rate- Ambulatory(\$)</b>	<b>Rate- Wheel Chair(\$)</b>
<b>0-3</b>	<b>6</b>	<b>10</b>
<b>11-15</b>	<b>18</b>	<b>28</b>
<b>31-35</b>	<b>34</b>	<b>52</b>
<b>45</b>	<b>80</b>	<b>90</b>

**Counties to be Served:**

Entire State of SC

**Maximum Number of Passengers per Vehicle:**

12, 12, & 15

**DESCRIPTION OF EQUIPMENT**

MAKE	YEAR & MODEL	VIN#	WEIGHT EMPTY	SEATING CAPACITY *
Ford (HC)	2000 E350	1FDWE35L4YHA11267	4825	12
Ford (HC)	2000 E350	1FDWE35L6YHA11268	4825	12
Ford (HC)	2004 E350	1FDWE35P84HA70593	15268	15

\* Designate if equipped with a wheelchair lift by using "HC" (Handicapped.)

**INSURANCE QUOTE**

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

The following insurance quote is for:

BRANCO ADULT DAY CARE

Name of Motor Carrier

238 COMMERCE ST., MANNING, SC 29102

Address of Motor Carrier

**Amount of Premium:**

Liability Insurance \$ 4934.00

The above quoted premium is for a term of 12 months.

**Minimum Limits** - Bodily injury and property damage limits will not be less than the following:

		Limits Quoted
Liability Combined Each Occurance	\$ 1,000,000	<u>1,000,000</u>
Medical Payments per Person	\$ 1,000	<u>5,000.</u>

UNITED FINANCIAL CASUALTY COMPANY

Name of Insurance Company

PO BOX 94739 CLEVELAND OHIO 44101

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

9-15-10

Date

Eileen Spalvigen

Authorized Insurance Company Representative's Signature

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

**Form E**  
**UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY**  
**DAMAGE LIABILITY CERTIFICATE OF INSURANCE**

Filed with the S.C. DEPARTMENT OF MOTOR VEHICLES (hereinafter called Commission) of PO BOX 1498, BLYTHEWOOD, SC 29216

This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to BRANCO ADULT DAY CARE CENTER of 238 COMMERCE ST, MANNING, SC 29102 a policy or policies of insurance effective from 09/15/2010 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days notice in writing to the State Commission, such thirty (30) days notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143

this 15th day of September, 2010

Insurance Company File No. CA 04484234

(Policy Number)

(Authorized Company Representative)

MC1633a(08/99)

1R835398

**ACORD**<sup>TM</sup>**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

09/16/2010

PRODUCER 843.785.7733 FAX 843.686.4369  
**Coastal Plains Insurance**  
 P. O. Box 6869  
 15 Bow Circle  
 Hilton Head Island, SC 29938

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED **BRANCO ADULT DAY CARE CENTER**  
 238 COMMERCE ST  
 MANNING, SC 29102

**INSURERS AFFORDING COVERAGE**

NAIC #

INSURER A: **United Financial Casualty Co**

INSURER B:

INSURER C:

INSURER D:

INSURER E:

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
		GENERAL LIABILITY				EACH OCCURRENCE \$
		COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$
		<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
						GENERAL AGGREGATE \$
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMXP AGG \$
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
A		AUTOMOBILE LIABILITY	04484234-0	12/21/2009	12/21/2010	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
		<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
		<input type="checkbox"/> HIRED AUTOS				
		<input type="checkbox"/> NON-OWNED AUTOS				
		<input checked="" type="checkbox"/> Medical Pay \$5,000				
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
						AUTO ONLY: AGG \$
		EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE \$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
						\$
		DEDUCTIBLE				\$
		RETENTION \$				\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N				E.L. EACH ACCIDENT \$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
		OTHER				E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
**Logisticare Solutions is included as additional insured as respects vehicles: 2000 Ford E350 S#1FDWE35L4YHA11267, 2000 Ford E350, S#1FDWE35L6YHA11268, 2004 Ford E350, S#1FDWE35P84HA70593**

**CERTIFICATE HOLDER****CANCELLATION**

**Logisticare Solutions, LLC**  
 1800 Phoenix Blvd, Ste 120  
 College Park, GA 30349

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Connie Dolan ext. 234/EILEE

*Connie Dolan*

ACORD 25 (2009/01)

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## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

## **DISCLAIMER**

This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

**Exhibit FWA****BranCo Adult DayCare Center, LLC**

Name

U.S.D.O.T No.

ICC No.

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

**Exhibit on Driver Qualifications**

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

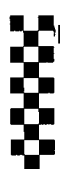
☒ Yes☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA

COUNTY OF

Clarendon

Angela W. Witherspoon, RN  
Applicant's Signature

BranCo Adult DayCare Center, LLC

I, Angela Witherspoon, RN  
Name of Applicant's Representative

Administrator/Owner  
Title

of BranCo Adult DayCare Center, LLC  
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

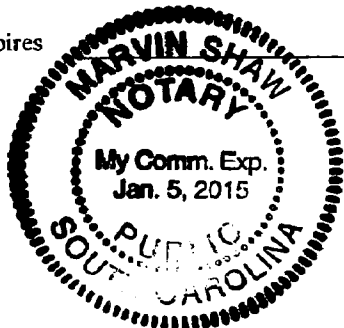
Angela W. Witherspoon, RN  
Signature of Applicant's Representative

SWORN TO BEFORE ME

This 14 day of September, 2010

Marvin Shaw  
Notary Public

Commission Expires



**CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE**

JUL 18 2003

STATE OF SOUTH CAROLINA  
SECRETARY OF STATE  
JIM MILES  
ARTICLES OF ORGANIZATION  
LIMITED LIABILITY COMPANY

**FILED**

JUL 18 2003

*Mark Hammond* 1  
SECRETARY OF STATE

*Mark Hammond*  
SECRETARY OF STATE OF SOUTH CAROLINA

The undersigned deliver the following articles of organization to form a South Carolina limited liability company pursuant to § 33-44-202 and § 33-44-203 of the 1976 South Carolina Code, as amended.

1. The name of the limited liability company which complies with § 33-44-105 of the South Carolina Code of 1976, as amended is BranCo Adult DayCare Center, LLC.
2. The office of the initial designated office of the limited liability company in South Carolina is:

9 South Church Street  
Street Address

Manning, SC 29102  
City State Zip Code

3. The initial agent for service of the process of the limited liability company in South Carolina is:

Angela D. Witherspoon  
Name

and the street address in South Carolina for this initial agent for service of process is:

9 South Church Street, Manning, SC 29102

4. The name and address of each organizer is:

(a) Angela D. Witherspoon  
Name

9 South Church Street, Manning, SC 29102  
Street Address

The name and address of each organizer is:

(a) Roderick Witherspoon

Name

9 South Church Street, Manning, SC 29102

Street Address

(Add additional lines if necessary)

5. ☐ Check this box only if the company is to be term company. If so, provide the term specified:

\_\_\_\_\_

6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, specify the name and address of each initial manager:

\_\_\_\_\_

Name

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under Section § 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members.

\_\_\_\_\_

\_\_\_\_\_

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time:

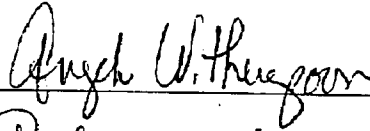
\_\_\_\_\_

9. Set forth any provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement.

10. Signature of each organizer:

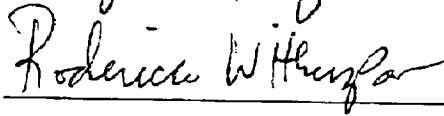
Angela D. Witherspoon

Signature of Organizer



Roderick Witherspoon

Signature of Organizer

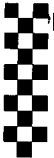


Date: June 1, 2003

### FILING INSTRUCTIONS

1. File two copies of this form, the original and either a duplicate original or a conformed copy.
2. If space on this form is not sufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form, or prepare this using a computer disk which will allow for expansion of the space on the form.
3. This form must be accompanied by the filing fee of \$110.00 payable to the Secretary of State.

Form approved by South Carolina  
Secretary of State Jim Miles, June 1996

**CONFIDENTIAL****FAX:**

BranCo Adult DayCare Center  
238 Commerce St.  
Manning, S.C. 29102  
Fax# 803-435-9740  
Phone # 435-9780

Date: 9/16/10

To: Public Service Commission

Attention: Janice Schmieding

From: Angela Witherspoon, RN

Comments Please call me to  
let me know you have  
received this fax.

803-460-5496

Thank you!  
AW